

UNITED STATES DISTRICT COURT  
SOUTHERN DISTRICT OF NEW YORK

13 CV 3417

HENRY HOLMES

(In the space above enter the full name(s) of the plaintiff(s).)

-against-

POLICE COMM. RAYMOND KELLY;  
DETECTIVE MICHAEL CENTRONE; LT  
PHILIP MARKS; QUEENS ASSISTANT  
DISTRICT ATTORNEY JOHN J. JANE DOE

## COMPLAINT

under the  
Civil Rights Act, 42 U.S.C. § 1983  
(Prisoner Complaint)Jury Trial: ☒ Yes ☐ No  
(check one)

(In the space above enter the full name(s) of the defendant(s). If you cannot fit the names of all of the defendants in the space provided, please write "see attached" in the space above and attach an additional sheet of paper with the full list of names. The names listed in the above caption must be identical to those contained in Part I. Addresses should not be included here.)

## I. Parties in this complaint:

- A. List your name, identification number, and the name and address of your current place of confinement. Do the same for any additional plaintiffs named. Attach additional sheets of paper as necessary.

Plaintiff Name HENRY HOLMES  
ID # 441-13-00000  
Current Institution A.M.K.C.  
Address 18-18 HAZEN STREET  
EAST ELMHURST, N.Y. 11370

- B. List all defendants' names, positions, places of employment, and the address where each defendant may be served. Make sure that the defendant(s) listed below are identical to those contained in the above caption. Attach additional sheets of paper as necessary.

Defendant No. 1 Name POLICE COMM. RAYMOND KELLY Shield # \_\_\_\_\_  
Where Currently Employed POLICE HEADQUARTERS  
Address 1 POLICE PLAZA  
NEW YORK, N.Y. 10007

Rev. 05/2010

MAY 20 2013

PRO SE OFFICE

Defendant No. 2 Name DETECTIVE MICHAEL BENTRONE Shield # 817404  
 Where Currently Employed 103rd PRECINCT  
 Address 168-02 P.O. EDWARD BYRNE AVENUE  
QUEENS, N.Y.

Defendant No. 3 Name LT PHILIP MARKS Shield # 201213  
 Where Currently Employed 103rd PRECINCT  
 Address 168-02 P.O. EDWARD BYRNE AVENUE  
QUEENS, N.Y.

Defendant No. 4 Name A.D.A. JOHN/JANE DOE Shield # \_\_\_\_\_  
 Where Currently Employed QUEENS CRIMINAL COURT  
 Address 125-01 QUEENS BLVD.  
KEN GARDENS, N.Y. 11415

Defendant No. 5 Name \_\_\_\_\_ Shield # \_\_\_\_\_  
 Where Currently Employed \_\_\_\_\_  
 Address \_\_\_\_\_

## II. Statement of Claim:

State as briefly as possible the facts of your case. Describe how each of the defendants named in the caption of this complaint is involved in this action, along with the dates and locations of all relevant events. You may wish to include further details such as the names of other persons involved in the events giving rise to your claims. Do not cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. Attach additional sheets of paper as necessary.

A. In what institution did the events giving rise to your claim(s) occur?  
NOT APPLICABLE

B. Where in the institution did the events giving rise to your claim(s) occur?  
NOT APPLICABLE

C. What date and approximate time did the events giving rise to your claim(s) occur?  
JANUARY 29, 2013, AT APPROXIMATELY 5:00 P.M.

D. Facts: ON JANUARY 29, 2013 AT APPROXIMATELY 5:00 P.M. IN THE VICINITY OF 105th STREET, AND LIVERPOOL STREET, WALKING

What happened to you?

DOWN A RESIDENTIAL BLOCK IN FRONT OF A PRIVATE CHURCH AFTER COMING FROM THE GROCERY STORE TWO(2) UNIDENTIFIED POLICE DETECTIVE MICHAEL CENTRONE #917404, AND LT PHILIP MARKS 3901913 ACCOSTED ME AND ENGAGED IN IDLE CONVERSATION

Who did what?

BY STATING THAT "I THOUGHT THAT WAS YOU FROM A PREVIOUS ARREST IN A FEMALE'S APARTMENT THAT RESULTED IN A PAROLE VIOLATION. WITHOUT PROBABLE CAUSE, AND THE SOLE PURPOSE OF RACIAL PROFILING THESE OFFICERS BEGAN TO SEARCH MY GROCERIES, AND FOUND AN EMPTY STRAW IN MY INSIDE POCKET, AND CLAIMED IT HAD DRUG RESIDUE, WITHOUT TESTING THE STRAW. THEY APPROACHED FROM A DARK TINTED

Was anyone else involved?

ALTIMA, WHERE IT WAS HIGHLY IMPOSSIBLE TO DETECT A STRAW ON THE INSIDE OF MY JACKET/SHIRT POCKET. AS THE COURT CAN SEE THAT I DID IN FACT HAVE GROCERIES IN MY HAND(SEE PROPERTY RECEIPT ATTACHED HERETO AS AN EXHIBIT IN SUPPORT OF RACIAL PROFILING) I WAS THEN HANDSUFFED AND TAKEN TO THE 103rd PRECINCT, WHERE I WAS UNLAWFULLY STRIPPED SEARCHED FOR A MISDEMEANOR CHARGE, WHERE IT IS AGAINST THE LAW TO STRIP A PERSON FOR SUCH A LOW CALIBER CRIME.

Who else saw what happened?

AT THAT TIME DETECTIVE MICHAEL CENTRONE PROCEEDED TO INVADE MY ANAL CAVITY, BY STICKING HIS FINGERS IN MY BUTTOCKS, AND BEGAN TO PROBE MY ANUS UNCOVERING NOTHING, BUT AT ALL TIMES IT WAS SEXUAL

### III. Injuries:

If you sustained injuries related to the events alleged above, describe them and state what medical treatment, if any, you required and received.

I SUFFERED HUMILIATION, EMBARRASSMENT, PSYCHOLOGICAL DAMAGE, RUPTURED ANAL CAVITY, FEAR OF POLICE, NIGHTMARES, COLDSWEATS, UNLAWFUL IMPRISONMENT, PERMANENT EMOTIONAL SCARS, LOSS OF FAMILY MEMBERS DURING INCARCERATION, LOWER BACK PAIN FROM INSUFFICIENT BED FRAMES PROVIDED BY NEW YORK CITY DEPARTMENT OF CORRECTIONS DEPRIVED OF HEALTHY FOODS,

### IV. Exhaustion of Administrative Remedies:

The Prison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought with respect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined in any jail, prison, or other correctional facility until such administrative remedies as are available are exhausted." Administrative remedies are also known as grievance procedures.

A. Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?

Yes \_\_\_ No XX



PAGE(3) CONTINUED.....

HARASSMENT CONDUCTED IN A MALICIOUS MANNERXXXXXXXXXX AND SADISTIC MANNER WITH THE SOLE PURPOSE OF CAUSING PHYSICAL INJURY, ADD EMOTIONL TORMENT. I THEN APPROACHED HIS SUPERVISOR DEFENDANT LT. PHILIP MARKS #901913 ABOUT THE SEXUAL CONDUCT OF HIS SUBORDINAT AND HE BREPLIED" YOU LUCKY I DID NOT DO IT. I FELT SO VIOLATED, AND SCARED FOR MY LIFE.

If YES, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).

NOT APPLICABLE

B. Does the jail, prison or other correctional facility where your claim(s) arose have a grievance procedure?

Yes \_\_\_\_\_ No XX Do Not Know \_\_\_\_\_

C. Does the grievance procedure at the jail, prison or other correctional facility where your claim(s) arose cover some or all of your claim(s)?

Yes \_\_\_\_\_ No XX Do Not Know \_\_\_\_\_

If YES, which claim(s)? NOT APPLICABLE

D. Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose?

Yes \_\_\_\_\_ No XX

If NO, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?

Yes XX No \_\_\_\_\_

E. If you did file a grievance, about the events described in this complaint, where did you file the grievance?

INTERNAL AFFAIRS

1. Which claim(s) in this complaint did you grieve? ALL OF THEM

2. What was the result, if any? NO RESPONSE

3. What steps, if any, did you take to appeal that decision? Describe all efforts to appeal to the highest level of the grievance process.

NOT APPLICABLE

F. If you did not file a grievance:

1. If there are any reasons why you did not file a grievance, state them here: \_\_\_\_\_

BECAUSE OF THE SERIOUSNESS OF THE DEFENDANTS ACTIONS  
I WAS SCARED FOR MY LIFE.

2. If you did not file a grievance but informed any officials of your claim, state who you informed,

when and how, and their response, if any: APRIL 27, 2010

(SEE ATTACHED LETTER FROM INTERNAL AFFAIRS)

- G. Please set forth any additional information that is relevant to the exhaustion of your administrative remedies.

THIS FACILITY DOES NOT HAVE A OPERABLE  
GRIEVANCE PROGRAM HERE( A.M.K.C.)

**Note:** You may attach as exhibits to this complaint any documents related to the exhaustion of your administrative remedies.

**V. Relief:**

State what you want the Court to do for you (including the amount of monetary compensation, if any, that you are seeking and the basis for such amount). FOR PAIN AND SUFFERING AND INVADING MY  
ANAL CAVITY, AND ILLEGAL SEARCH AND SEIZURE I SEEK DAMAGES FROM  
DEFENDANTS(EACH) IN THEIR INDIVIDUAL AND OFFICIAL CAPACITY IN THE  
AMOUNT OF FIVE(5) MILLION DOLLARS, AND PUNITIVE DAMAGES TO DETER  
DEFENDANTS FROM FUTURE FALSE ARRESTS IN THE AMOUNT OF FIVE(5)  
MILLION DOLLARS FOR A SUBTOTAL OF TEN(10) MILLION DOLLARS.

**VI. Previous lawsuits:**

On  
these  
claims

- A. Have you filed other lawsuits in state or federal court dealing with the same facts involved in this action?

Yes      No XX

- B. If your answer to A is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another sheet of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number NOT APPLICABLE

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit \_\_\_\_\_

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition NOT APPLICABLE

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

NOT APPLICABLE

On  
other  
claims

- C. Have you filed other lawsuits in state or federal court otherwise relating to your imprisonment?

Yes \_\_\_\_\_ No XX

- D. If your answer to C is YES, describe each lawsuit by answering questions 1 through 7 below. (If there is more than one lawsuit, describe the additional lawsuits on another piece of paper, using the same format.)

1. Parties to the previous lawsuit:

Plaintiff NOT APPLICABLE

Defendants \_\_\_\_\_

2. Court (if federal court, name the district; if state court, name the county) \_\_\_\_\_

3. Docket or Index number NOT APPLICABLE

4. Name of Judge assigned to your case \_\_\_\_\_

5. Approximate date of filing lawsuit NOT APPLICABLE

6. Is the case still pending? Yes \_\_\_\_\_ No \_\_\_\_\_

If NO, give the approximate date of disposition \_\_\_\_\_

7. What was the result of the case? (For example: Was the case dismissed? Was there judgment in your favor? Was the case appealed?) \_\_\_\_\_

NOT APPLICABLE

I declare under penalty of perjury that the foregoing is true and correct.

Signed this 9 day of MAY, 2013.

Signature of Plaintiff \_\_\_\_\_

Inmate Number 4411300990

Institution Address 18- 18 HAZEN STREET, A.M.K.C.  
EAST ELMHURST, N.Y.

11370

Note: All plaintiffs named in the caption of the complaint must date and sign the complaint and provide their inmate numbers and addresses.

I declare under penalty of perjury that on this 9 day of MAY, 2013 am delivering this complaint to prison authorities to be mailed to the *Pro Se* Office of the United States District Court for the Southern District of New York.

Signature of Plaintiff: \_\_\_\_\_

  
HENRY HOLMES